AMENDATORY SECTION (Amending WSR 02-01-064, filed 12/14/01, effective 1/1/02)

WAC 296-27-01109 Recording criteria for needlestick and sharps injuries. (1) Basic requirement. You must record all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by ((~~WAC 296-62-08001~~)) chapter 296-823 WAC, Occupational exposure to bloodborne pathogens). You must enter the case on the OSHA 300 Log as an injury. To protect the employee's privacy, you may not enter the employee's name on the OSHA 300 Log (see the requirements for privacy cases in WAC 296-27-01119).

(2) Implementation.

(a) **What does "other potentially infectious materials" mean?** The term "other potentially infectious materials" is defined in the bloodborne pathogens portion of Part J (Biological Agents) of chapter 296-62 WAC, General occupational health standards. These materials include:

- The following human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

(b) **Does this mean that I must record all cuts, lacerations, punctures, and scratches?** No, you need to record cuts, lacerations, punctures, and scratches only if they are work-related and involve contamination with another person's blood or other potentially infectious material. If the cut, laceration, or scratch involves a clean object, or a contaminant other than blood or other potentially infectious material, you need to record the case only if it meets one or more of the recording criteria in WAC 296-27-01107.

(c) **If I record an injury and the employee is later diagnosed with an infectious bloodborne disease, do I need to update the OSHA 300 Log?** Yes, you must update the classification of the case on the OSHA 300 Log if the case results in death, days away from work, restricted work, or job transfer. You must also update the description to identify the infectious disease and change the classification of the case from an injury to an illness.

(d) **What if one of my employees is splashed or exposed to blood or other potentially infectious material without being cut or scratched? Do I need to record this incident?** You need to record such an incident on the OSHA 300 Log as an illness if:

(i) It results in the diagnosis of a bloodborne illness, such as HIV, hepatitis B, or hepatitis C; or

(ii) It meets one or more of the recording criteria in WAC 296-27-01107.

AMENDATORY SECTION (Amending WSR 01-13-078, filed 6/19/01, effective 8/6/01)

WAC 296-62-08001 Bloodborne pathogens.

Note: The requirements in this section apply only to agriculture. The general industry requirements relating to bloodborne pathogen requirements have been moved to chapter 296-823 WAC.

(1) Scope and application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by subsection (2) of this section.

(2) Definitions. For purposes of this section, the following shall apply:

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

"Clinical laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

"Contaminated laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.

"Contaminated sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Director" means the director of the Washington state department of labor and industries; the state designee for the Washington state plan.

"Engineering controls" means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

"Exposure incident" means a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

"Handwashing facilities" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

"Licensed healthcare professional" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by subsection (6) of this section, entitled Hepatitis B vaccination and post-exposure evaluation and follow-up.

"HBV" means hepatitis B virus.

"HIV" means human immunodeficiency virus.

"Needleless systems" means a device that does not use needles for:

- The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;

- The administration of medication or fluids; or
- Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

"Occupational exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

"Other potentially infectious materials" means:

(a) The following human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(b) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(c) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

"Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"Personal protective equipment" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

"Production facility" means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

"Regulated waste" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

"Research laboratory" means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

"Sharps with engineered sharps injury protections" means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

"Source individual" means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

"Universal precautions" are an approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

"Work practice controls" means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(3) Exposure control.

(a) Exposure control plan.

(i) Each employer having an employee(s) with occupational exposure as defined by subsection (2) of this section shall establish a written exposure control plan designed to eliminate or minimize employee exposure.

(ii) The exposure control plan shall contain at least the following elements:

(A) The exposure determination required by (b) of this subsection;

(B) The schedule and method of implementation for subsection (4) of this section, Methods of compliance; subsection (5) of this section, HIV and HBV research laboratories and production facilities; subsection (6) of this section, Hepatitis B vaccination and post-exposure evaluation and follow-up; subsection (7) of this section, Communication of hazards to employees; and subsection (8) of this section, Recordkeeping; and

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (6)(c)(i) of this section.

(iii) Each employer shall ensure that a copy of the exposure control plan is accessible to employees in accordance with WAC 296-62-05209.

(iv) The exposure control plan shall be reviewed and updated at least annually, and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

(A) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(B) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(v) An employer, who is required to establish an exposure control plan shall solicit input from nonmanagerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the exposure control plan.

(b) Exposure determination.

(i) Each employer who has an employee(s) with occupational exposure as defined by subsection (2) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure; and

(C) A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs, and that are preformed by employees in job classifications listed in accordance with the provisions of (b)(i)(B) of this subsection.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(4) Methods of compliance.

(a) General. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(b) Engineering and work practice controls.

(i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in (b)(vii)(A) and (B) of this subsection. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.

(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

(D) In accordance with the requirements set forth in (d)(ii)(E) of this subsection for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics, or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to subsection (7)(a)(i) of this section and closed prior to being stored, transported, or shipped. When a facility utilizes universal precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with subsection (7)(a)(i) of this section is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is

labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is punctured-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with subsection (7)(a)(i)(H) of this section shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(c) Personal protective equipment.

(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or the co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, laundering, and disposal. The employer shall clean, launder, and dispose of personal protective equipment required by subsections (4) and (5) of this section, at no cost to the employee.

(v) Repair and replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

(ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other

potentially infectious materials, mucous membranes, and nonintact skin; when performing vascular access procedures except as specified in (c)(ix)(D) of this subsection; and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(I) Periodically reevaluate this policy;

(II) Make gloves available to all employees who wish to use them for phlebotomy;

(III) Not discourage the use of gloves for phlebotomy; and

(IV) Require that gloves be used for phlebotomy in the following circumstances:

--When the employee has cuts, scratches, or other breaks in his or her skin;

--When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

--When the employee is receiving training in phlebotomy.

(x) Masks, eye protection, and face shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) Gowns, aprons, and other protective body clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(d) Housekeeping.

(i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the workshift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or

imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated waste.

(A) Contaminated sharps discarding and containment.

(I) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

--Closable;

--Puncture resistant;

--Leakproof on sides and bottom; and

--Labeled or color-coded in accordance with subsection (7)(a)(i) of this section.

(II) During use, containers for contaminated sharps shall be:

--Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

--Maintained upright throughout use; and

--Replaced routinely and not be allowed to overfill.

(III) When moving containers of contaminated sharps from the area of use, the containers shall be:

--Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

--Placed in a secondary container if leakage is possible. The second container shall be:

🕷 Closable;

🕷 Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

🕷 Labeled or color-coded according to subsection (7)(a)(i) of this section.

(IV) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) Other regulated waste containment.

(I) Regulated waste shall be placed in containers which are:

--Closable;

--Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;

--Labeled or color-coded in accordance with subsection (7)(a)(i) of this section; and

--Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(II) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

--Closable;

--Constructed to contain all contents and prevent leakage of fluids

during handling, storage, transport, or shipping;

--Labeled or color-coded in accordance with subsection (7)(a)(i) of this section; and

--Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, states and territories, and political subdivisions of states and territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.

(I) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(II) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with subsection (7)(a)(i) of this section. When a facility utilizes universal precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with universal precautions.

(III) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize universal precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with subsection (7)(a)(i) of this section.

(5) HIV and HBV research laboratories and production facilities.

(a) This subsection applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(b) Research laboratories and production facilities shall meet the following criteria:

(i) Standard microbiological practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) Special practices.

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled, or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with subsection (7)(a)(ii) of

this section.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment equipment.

(A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(c) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eyewash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(d) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access

corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors, and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(e) Training requirements. Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in subsection (7)(b)(ix) of this section.

(6) Hepatitis B vaccination and post-exposure evaluation and follow-up.

(a) General.

(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the United States Public Health Service current at the time these evaluations and procedures take place, except as specified by this subsection (6).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(b) Hepatitis B vaccination.

(i) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (7)(b)(vii)(I) of this section and within ten working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept

hepatitis B vaccination offered by the employer sign the statement in WAC 296-62-08050, appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the United States Public Health Service at a future date, such booster dose(s) shall be made available in accordance with (a)(ii) of this subsection.

(c) Post-exposure evaluation and follow-up. Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status;

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least ninety days. If, within ninety days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the United States Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(d) Information provided to the healthcare professional.

(i) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(e) Healthcare professional's written opinion. The employer shall obtain and provide the employee with a copy of the evaluating healthcare pro-

fessional's written opinion within fifteen days of the completion of the evaluation.

(i) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(f) Medical recordkeeping. Medical records required by this standard shall be maintained in accordance with subsection (8)(a) of this section.

(7) Communication of hazards to employees.

(a) Labels and signs.

(i) Labels.

(A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in (a)(i)(E), (F), and (G) of this subsection.

(B) Labels required by this section shall include the following legend:

(WAC 296-62-08001, Illus.1)
Place illustration here.

BIOHAZARD

(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

(D) Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of subsection (7) of this section.

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this subitem and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) Signs.

(A) The employer shall post signs at the entrance to work areas specified in subsection (5) of this section, entitled HIV and HBV research

laboratory and production facilities, which shall bear the following legend:

(WAC 296-62-08001, Illus. 2)
Place illustration here.

BIOHAZARD

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director
or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

(b) Information and training.

(i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) Within ninety days after the effective date of the standard; and

(C) At least annually thereafter.

(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by (a) of this subsection; and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional initial training for employees in HIV and HBV laboratories and production facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements:

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(8) Recordkeeping.

(a) Medical records.

(i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with WAC 296-62-052.

(ii) This record shall include:

(A) The name and Social Security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by subsection (6)(b) of this section;

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (6)(c) of this section;

(D) The employer's copy of the healthcare professional's written opinion as required by subsection (6)(e) of this section; and

(E) A copy of the information provided to the healthcare professional as required by subsection (6)(d)(ii)(B), (C), and (D) of this section.

(iii) Confidentiality. The employer shall ensure that employee medical records required by (a) of this subsection are:

(A) Kept confidential; and

(B) Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by subsection (8) of this section for at least the duration of employment plus thirty years in accordance with WAC 296-62-052.

(b) Training records.

(i) Training records shall include the following information:

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for three years from the date on which the training occurred.

(c) Availability.

(i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the director for examination and copying.

(ii) Employee training records required by this section shall be provided upon request for examination and copying to employees, to employee representatives, and to the director.

(iii) Employee medical records required by this section shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the director in accordance with WAC 296-62-052.

(d) Transfer of records.

(i) The employer shall comply with the requirements involving transfer of records set forth in WAC 296-62-052.

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the director, at least three months prior to their disposal and transmit them to the director, if required by the director to do so, within that three-month period.

(e) Sharps injury log.

(i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(A) The type and brand of device involved in the incident;

(B) The department or work area where the exposure incident occurred; and

(C) An explanation of how the incident occurred.

(ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under chapter 296-27 WAC, Recordkeeping and recording.

(iii) The sharps injury log shall be maintained for the period required by WAC 296-27-070, Retention of records.

(9) Dates.

(a) Effective date. The standard shall become effective on May 26, 1992.

(b) The exposure control plan required by subsection (3) of this section shall be completed on or before June 26, 1992.

(c) Subsection (7)(b) of this section, entitled Information and training; and subsection (7)(h) of this section, entitled Recordkeeping; shall take effect on or before July 27, 1992.

(d) Subsection (4)(b) of this section, entitled Engineering and work practice controls; subsection (4)(c) of this section, entitled Personal protective equipment; subsection (4)(d) of this section, entitled Housekeeping; subsection (5) of this section, entitled HIV and HBV research laboratories and production facilities; subsection (6) of this section, entitled Hepatitis B vaccination and post-exposure evaluation and follow-up; and subsection (7)(a) of this section, entitled Labels and signs; shall take effect August 27, 1992.

AMENDATORY SECTION (Amending WSR 01-11-038, filed 5/9/01, effective 9/1/01)

WAC 296-305-01515 First-aid training and certification. (1) All fire fighters except directors of fire departments and the directors' designated personnel, shall have as a minimum first-aid training as evidenced by a current, valid first-aid card, EMT or First Responder certification.

(2) New fire fighters shall have such first-aid training within 90 days of the date of their employment or enroll for training in the next available class for which they are eligible.

(3) First-aid training and certification for other employees and directors of fire departments shall conform to the requirements of WAC 296-800-150.

(4) Fire service duties include exposure to bloodborne pathogens. The requirements of this section and chapter ((~~296-62~~)) 296-823 WAC, ((~~Part J, Biological Agents~~)) Occupational exposure to bloodborne pathogens, shall apply.

AMENDATORY SECTION (Amending WSR 99-10-071, filed 5/4/99, effective 9/1/99)

WAC 296-305-02501 Emergency medical protection. (1) Fire fighters who perform emergency medical care or otherwise may be exposed to blood or other body fluids shall be provided with emergency medical face protection devices, and emergency medical garments that meet the applicable requirements of NAPA, Standard on Protective Clothing for Emergency Medical Operations 1999, 1992 edition.

Note: Prior to purchase, fire departments should request the technical data package required in NAPA 1999, 1992 edition, in order to compare glove and garment performance data. Departments reviewing these packages should ensure a relative ranking of the performance data before they purchase in order to provide the best performance of the EMS personal protective clothing.

(2) Fire fighters shall don emergency medical gloves prior to initiating any emergency patient care.

(3) Fire fighters shall don emergency medical garments and emergency medical face protection devises prior to any patient care during which splashes of body fluids can occur such as situations involving spurting blood or childbirth.

Note: Fire fighter turnout gear and gloves with vapor barriers may be used in lieu of emergency medical gloves and garments.

(4) Contaminated emergency medical garments, emergency medical face protection, gloves, devices, and emergency medical gloves shall be cleaned and disinfected, or disposed of, in accordance with ((~~WAC 296-62-08001, Part J, Blood borne~~)) chapter 296-823 WAC, Occupational exposure to bloodborne pathogens.

(5) Fire departments shall establish a designated infection (exposure) control officer who shall ensure that an adequate infection control plan is developed and all personnel are trained and supervised on the plan.

(6) The infection control officer shall be responsible for establishing personnel exposure protocols so that a process for dealing with exposures is in writing and available to all personnel.

(7) The infection control officer or his/her designee will function as a liaison between area hospitals and fire department members to provide notification that a communicable disease exposure is suspected or has been determined by hospital medical personnel. The department infection control officer will institute the established exposure protocols immediately after report of an exposure. The infection control officer shall follow the confidentiality requirements of chapter 246-100 WAC and the medical protocol requirements of WAC 296-62-05209.

(8) Fire departments shall have a written infection (exposure) control plan which clearly explains the intent, benefits, and purpose of the plan. The written document must cover the standards of exposure control such as establishing the infection control officer and all members affected; education and training; HB. vaccination requirements; documentation and record keeping; cleaning/disinfection of personnel and equipment; and exposure protocols.

(9) Policy statements and standard operating procedure guidelines shall provide general guidance and specific regulation of daily activities. Procedures shall include delegation of specific roles and responsibilities, such as regulation of infection control, as well as procedural guidelines for all required tasks and functions.

(10) Fire departments shall establish a records system for members health and training.

(11) Fire fighters shall be trained in the proper use of P.E., exposure protection, post exposure protocols, disease modes of transmission as it related to infectious diseases.

(12) Infectious disease programs shall have a process for monitoring fire fighters compliance with established guidelines and a means for correcting noncompliance.

(13) Fire department members shall be required to annually review the infectious disease plan, updates, protocols, and equipment used in the program.

(14) Fire departments shall comply with ((~~WAC 296-62-08001, Part J, Blood borne~~)) chapter 296-823 WAC, Occupational exposure to bloodborne pathogens, in its entirety.

(15) Tuberculosis (TB) exposure and respiratory protection requirements.

(a) Fire fighters shall wear a particulate respirator (PR) when entering areas occupied by individuals with suspected or confirmed TB, when performing high risk procedures on such individuals or when transporting individuals with suspected or confirmed TB in a closed vehicle.

(b) A NOSH-approved, 95% efficient particulate air respirator is the minimum acceptable level of respiratory protection.

(i) Fit tests are required.

(ii) Fit tests shall be done in accordance with chapter 296-62 WAC, Part E.

Note 1: Emergency-response personnel should be routinely screened for tuberculosis at regular intervals. The tuberculin skin test is the only method currently available that demonstrates infection with Mycobacterium tuberculosis (M. tuberculosis) in the absence of active tuberculosis.

Note 2: If possible, the rear windows of a vehicle transporting patients with confirmed, suspected, or active tuberculosis should be kept open, and the heater or air conditioner seton a noncirculating cycle.

Additional References:

Chapter ((~~296-62~~)) 296-823 WAC, ((~~Part J, Biological Agents-~~)) Occupational exposure to bloodborne pathogens.

WAC 296-62-08001(3), Exposure Control.

AMENDATORY SECTION (Amending WSR 01-23-060, filed 11/20/01, effective 12/1/01)

WAC 296-800-15005 Make sure that first-aid trained personnel are available to provide quick and effective first aid. You must:

- Choose one of the following two options to make sure that your employees have access to personnel who are trained in first aid.

Option 1:

Make sure first-aid trained employees are in your workplace to help your employees if they become hurt or ill on the job by doing the following:

– Make sure that:

- Each person in charge of employees has first-aid training; or
- Another person with first-aid training is present or available to your employees, whenever you have 2 or more employees present.

– Adequately post emergency telephone numbers in your workplace.

OR

Option 2:

Develop and maintain a written first-aid response plan for your workplace. If you choose this option, you must do **all** of the following:

– Determine how many, if any, employees should be trained in first-aid, based on the following factors:

- What type(s) of occupational hazards are present in your workplace?
- How likely is it that a workplace injury or illness will occur?
- How serious are the occupational hazards in your workplace?
- How remote is your workplace?
- How complex is your worksite in terms of size, design, etc.?
- What medical emergencies have occurred at your workplace in the past?
- How far away and how long does it take to get to emergency medical services?

Note: Employers who require their employees to provide first-aid must comply with ((~~the bloodborne pathogen rule, WAC 296-62-080~~)) chapter 296-823 WAC, Occupational exposure to bloodborne pathogens.

You must:

- Make sure your first-aid response plan:

– Fits your work location, type of work, and environmental conditions.

– Identifies the available emergency medical services and access numbers and where they are posted.

– Describes the type of first-aid training employees receive, if applicable.

– Identifies the location(s) of first-aid supplies and/or first-aid stations.

– Identifies the contents of first-aid kits.

– Describes how first-aid supplies or kits will be inspected and maintained.

– Describes how injured or ill employees will have access to first-aid trained employees.

AMENDATORY SECTION (Amending WSR 02-20-034, filed 9/24/02, effective 10/1/02)

WAC 296-824-50030 Provide rescue and medical assistance.

You must:

(1) Provide stand-by employees equipped with the same level of personal protective equipment (PPE) as the entrants, for assistance or rescue.

Note:
- The buddy system applies to stand-by employees (see WAC 296-824-50025).
- One of the two stand-by employees can be assigned to another task provided it does not interfere with the performance of the stand-by role.
- Rescue equipment should be selected and provided based on the types of rescue situations that could occur.

You must:

(2) Make sure employees trained in first aid are readily available with necessary medical equipment and have a way to transport the injured.

Note:
- Employee training is covered by WAC 296-800-150, first aid. This rule requires training on the eighteen subjects listed in addition to any subjects that are specific to your workplace emergency hazards (for example: If exposure to corrosive substances could occur, training would need to include first-aid procedures for treating chemical burns).
- Employers who designate and train their employees to provide first aid are covered by ((~~WAC 296-62-08001 through 296-62-08005,~~)) chapter 296-823 WAC, Occupational exposure to bloodborne pathogens.

Chapter 296-823 WAC

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

NEW SECTION

WAC 296-823-100 Scope. This chapter provides requirements to protect employees from exposure to blood or other potentially infectious material (OPIM) that may contain bloodborne pathogens. Examples of bloodborne pathogens are human immunodeficiency virus (HIV) and hepatitis B virus (HBV).

This chapter applies to you if you have employees with occupational exposure to blood or OPIM, even if no actual exposure incidents have occurred.

Definitions:

Occupational exposure. Reasonably anticipated skin, eye, mucous membrane, or parenteral contact (including potential contact as well as actual contact) with blood or OPIM that could result from the performance of an employee's duties.

Parenteral contact. When mucous membranes or skin is pierced through actions such as needlesticks, human bites, cuts, or abrasions.

Occupations that are typically covered by this chapter.

The following list illustrates a number of jobs typically associated with tasks that involve occupational exposure to blood or OPIM. The absence of a particular job from the list does not suggest that it falls outside the scope of this chapter. At the same time, employees in jobs found on the list are covered only if they have occupational exposure.

Health care

– Primary care providers

– Assistants, nurses, nurse practitioners, dental hygienists, and other health care employees in clinics and offices

– Employees of clinical, dental, and diagnostic laboratories

– Housekeepers in health care facilities

– Staff in laundries that provide service to health care facilities

– Tissue bank personnel

– Employees in blood banks and plasma centers who collect, transport, and test blood

– Freestanding clinic employees (for example, hemodialysis clinics, urgent care clinics, health maintenance organization (HMO) clinics, and family planning clinics)

– Employees in clinics in industrial, educational, and correctional facilities

– Staff of institutions for the developmentally disabled

– Hospice employees

– Home health care workers

– Staff of nursing homes and long-term care facilities

– HIV and HBV research laboratory and production facility workers

– Medical equipment service and repair personnel

– Emergency medical technicians, paramedics, and other emergency medical service providers

– Nuclear medical technologists.

Occupations outside health care

– Fire fighters, law enforcement personnel, and correctional officers

– Workers in laundries that service public safety institutions

– Employees assigned to provide emergency first aid by their employer (as either a primary or secondary duty)

– Employees who handle or pick up regulated waste (contaminated items with blood or OPIM)

– Hotel/motel employees that clean up blood or OPIM

– Employees of funeral homes and mortuaries.

NEW SECTION

WAC 296-823-110 Planning. Summary.

Your responsibility:

To plan ways to protect your employees from the risk of exposure to bloodborne pathogens

You must:

Determine if you have employees with occupational exposure WAC 296-823-11005

Develop and implement a written exposure control plan WAC 296-823-11010.

NEW SECTION

WAC 296-823-11005 Determine if you have employees with occupational exposure.

You must:

Prepare a written exposure determination if your employees have occupational exposure to blood or other potentially infectious material (OPIM).

– This determination must be made without considering the use of personal protective equipment (PPE).

Make sure the exposure determination contains:

– A list of job classifications where all employees have occupational exposure;

– A list of job classifications where some employees have occupational exposure; and

– A description of all tasks and procedures or groups of related tasks and procedures with occupational exposure for these employees.

NEW SECTION

WAC 296-823-11010 Develop and implement a written exposure control plan.

You must:

- Establish a written exposure control plan designed to eliminate or minimize employee exposure.

Note: The elements of your exposure control plan may be located in other documents such as policies and procedures. Make sure to reference their location in your plan.

You must:

- Make sure the plan contains at least the following elements:

– The exposure determination, WAC 296-823-11005

– A procedure for evaluating the circumstances surrounding exposure incidents, WAC 296-823-17005

– How and when you will implement applicable requirements of this rule.

Note: The implementation dates need to be included only until your exposure control plan is fully implemented or when you are adding new requirements to your plan.

You must:

- Document the use of universal precautions or other at least as effective control systems.

Note: Universal precautions is an infection control system that considers the blood and OPIM from all persons as containing a bloodborne disease, whether or not the person has been identified as having a bloodborne disease.

Other effective infection control systems include standard precautions, universal blood-body fluid precautions, and body substance isolation. These methods define all body fluids and substances as infectious. They incorporate not only the fluids and materials covered by universal precautions and this chapter, but expand coverage to include all body fluids and substances.

- Solicit input in the identification, evaluation, and selection of effective controls. This input must be solicited from nonmanagerial employees responsible for direct patient care with potential exposure to contaminated sharps.

– Document the process you used to solicit input and include the identity of the employees or positions that were involved.

Note:
- You are not required to request input from every exposed employee; however, the employees selected must represent the range of exposure situations encountered in the workplace. Your safety committee may assist in identifying employees.
- Although you are required to include nonmanagerial employees, you are not prohibited from soliciting input from managerial and other employees.

You must:

- Make sure the exposure control plan is reviewed and updated:

– At least annually

AND

– Whenever necessary to:

- Reflect new or modified tasks and procedures which affect occupational exposure
- Reflect new or revised job classifications with occupational exposure.

- Make sure the exposure control plan:

– Reflects changes in technology that eliminate or reduce exposure to bloodborne pathogens

– Documents your consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

- Make sure a copy of the exposure control plan is accessible at the workplace, when exposed employees are present. For example, if the plan is stored only on a computer, all exposed employees must be trained to operate the computer.
- Make sure a copy of the plan is provided to the employee or their representative within fifteen days of their request for a copy.

NEW SECTION

WAC 296-823-120 Controls. Summary.

Your responsibility:

To use controls in order to protect your employees from the risk of exposure to bloodborne pathogens

You must:

Use controls to minimize or eliminate exposure

WAC 296-823-12005

NEW SECTION

WAC 296-823-12005 Use controls to minimize or eliminate exposure.

You must:

(1) Use effective controls that do NOT rely primarily on individual employee behavior to protect employees from blood or OPIM.

– You must examine and maintain or replace control equipment, such as sharps containers, safer medical devices, or other devices, on a regular schedule to make sure they remain effective.

Note: Controls that prevent or minimize employee exposure without relying primarily on employee behavior include:

– Safer medical devices, such as sharps with engineered sharps injury protections. (For example, self-sheathing needles.)
– Needleless systems
– Sharps containers
– Biosafety cabinets
– Centrifuge cups
– Splash guards
– Mechanical pipettes
– Specimen storage and transport containers.

(2) Make sure all procedures involving blood or OPIM are performed so splashing, spraying, spattering, and generation of droplets are minimized.

References:

See WAC 296-823-130, Personal protective equipment (PPE), of this chapter, if occupational exposure remains after implementing controls.

NEW SECTION

WAC 296-823-130 Personal Protective Equipment (PPE). Summary.

Your responsibility:

To provide and make sure personal protective equipment is used when precautions and controls will not fully protect your employees from the risk of exposure to bloodborne pathogens.

You must:

Provide and make sure that personal protective equipment is used when there is occupational exposure

WAC 296-823-13005

Make sure gloves are worn
WAC 296-823-13010
Make sure masks, eye protection, and face shields are worn
WAC 296-823-13015
Wear appropriate protective clothing
WAC 296-823-13020
Make resuscitator devices available
WAC 296-823-13025
Maintain personal protective equipment
WAC 296-823-13030.

NEW SECTION

WAC 296-823-13005 Provide and make sure personal protective equipment is used when there is occupational exposure.

You must:

- Provide at no cost to employees, appropriate personal protective equipment such as:
  - Gloves
  - Gowns
  - Laboratory coats
  - Face shields or a combination of masks and eye protection
  - Mouthpieces
  - Resuscitation bags
  - Pocket masks
  - Other ventilation devices.

Note: PPE is considered "appropriate" only if it does NOT permit blood or other potentially infectious materials (OPIM) to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

You must:

- Make sure that employees use appropriate PPE.
  - In rare and extraordinary circumstances, employees can briefly and temporarily choose not to use PPE. If in their professional judgment, they believe that using PPE would prevent the delivery of health care or public safety services OR pose an increased hazard to themselves or coworkers.
- If the employee makes this judgment, you must investigate and document to determine if changes can be made to prevent future occurrences of the same situation
- Make sure that appropriate PPE, in sizes to fit your employees, is readily accessible at the worksite or issued to employees
- Make sure employees remove all PPE before leaving their work area.

NEW SECTION

WAC 296-823-13010 Make sure gloves are worn.

You must:

Make sure gloves appropriate to the situation are worn when:

- It can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials (OPIM), mucous membranes, or skin that is not intact

- Handling or touching contaminated items or surfaces
- Performing vascular access procedures, for example, drawing blood or inserting an IV.

You must:

Do the following when you are an employer in a volunteer blood donation center and you make the judgment that employees do not require routine use of gloves when performing phlebotomies:

- Periodically reevaluate your decision not to require gloves
- Make gloves available to all employees who wish to use them for phlebotomy (blood drawing)
- Do not discourage the use of gloves for phlebotomy
- Require that gloves be used for phlebotomy in ANY of the following circumstances:

– When the employee has a cut, scratch, or other break in the skin of his or her hand or wrist

– When the employee judges that hand contamination with blood may occur; for example, when performing phlebotomy on an uncooperative individual

– When the employee is receiving training in phlebotomy.

You must:

- Make sure employees who are allergic to the gloves that are normally provided have ready access to at least one of the following:

– Nonlatex gloves

– Glove liners

– Powderless gloves

– Other similar alternatives.

- Replace disposable (single use) gloves such as surgical or examination gloves:

– As soon as practical when contaminated

– As soon as practical if they are torn or punctured

– When their ability to function as a barrier is compromised.

- Make sure disposable (single use) gloves are used only once
- Discard utility gloves if they are cracked, peeling, torn, punctured, or show other signs of deterioration or when their ability to function as a barrier is compromised.

– You may decontaminate utility gloves for reuse if they can continue to function as a barrier.

NEW SECTION

WAC 296-823-13015 Make sure appropriate masks, eye protection, and face shields are worn.

You must:

- Make sure either chin-length face shields or a combination of masks and eye protection are used, whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials (OPIM) could contaminate the eye, nose, or mouth.

Note: Examples of eye protection devices include:

– Goggles

– Glasses with solid side shields.

NEW SECTION

WAC 296-823-13020 Wear appropriate protective clothing. You must:

- Make sure appropriate protective clothing is worn when splashes to skin or clothes are reasonably anticipated. The type and characteristics will depend upon the sort of work being done and how much exposure is anticipated.

Note: Examples of protective clothing include:
- Gowns
- Aprons
- Lab coats
- Clinic jackets
- Similar outer garments
- Surgical caps or hoods
- Shoe covers or boots.

You must:

- Remove, as soon as feasible, a garment if blood or other potentially infectious materials (OPIM) penetrate it.

NEW SECTION

WAC 296-823-13025 Make resuscitator devices available.

You must:

- Make resuscitator (emergency ventilation) devices readily available and accessible to employees who can reasonably be expected to perform resuscitation procedures.

Note: Examples of resuscitator devices include:
- Masks
- Mouthpieces
- Resuscitation bags
- Shields/overlay barriers.

NEW SECTION

WAC 296-823-13030 Maintain personal protective equipment. You must:

- Clean, repair, replace, launder, and dispose of personal protective equipment required by this chapter, at no cost to the employee
- Make sure when PPE is removed, it is placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Note: Contaminated personal clothing is considered PPE for the purposes of this section.

NEW SECTION

WAC 296-823-140 Training. Summary.

Your responsibility:

To train your employees about their risk of exposure to bloodborne pathogens and ways to protect themselves.

You must:

Provide training to your employees
WAC 296-823-14005
Provide additional training
WAC 296-823-14010
Maintain training records
WAC 296-823-14015.

NEW SECTION

WAC 296-823-14005 Provide training to your employees.

You must:

- Make sure all employees with occupational exposure participate in a training program that is:
  - Provided at no cost to them
  - Conducted during compensated working hours.
- Provide training when any of the following occur:
  - Before assigning tasks where occupational exposure might occur
  - At least annually and within one year of the previous training.
- Make sure the content and vocabulary of your training materials are appropriate to the educational level, literacy, and language of your employees
- Make sure the person conducting the required training is knowledgeable about the subject matter as it relates to your workplace
- Make sure the training program contains at least the following elements:
  - An accessible copy of this chapter and an explanation of the contents
  - General explanation of the epidemiology and symptoms of bloodborne diseases
  - An explanation of how bloodborne pathogens are transmitted
  - An explanation of your exposure control plan and how the employee can obtain a copy of the written plan
  - An explanation of how to recognize tasks and other activities that could involve exposure to blood and other potentially infectious materials (OPIM)
  - An explanation of the use and limitations of methods that will prevent or reduce exposure including:
    - Appropriate controls
    - Work practices
    - Personal protective equipment
  - An explanation of the procedure to follow if an exposure incident occurs, including:
    - The method of reporting the incident

- The medical follow-up that will be available
- An explanation of proper signage and labeling or color-coding required by this chapter
- Information about PPE including:
  - The types
  - Proper use and limitations
  - An explanation of how and why PPE was selected
  - Location
  - Putting it on and taking it off
  - Handling
  - Decontamination
  - Disposal
- Information about the hepatitis B vaccine, including:
  - Information about its effectiveness
  - Safety
  - Method of administration
  - The benefits of being vaccinated
  - Offered at no cost to the employee for the vaccine and vaccination
- Information about what actions to take and persons to contact in an emergency involving blood or OPIM
- Information about the post-exposure evaluation and follow-up procedure following an exposure incident
- A chance for interactive questions and answers with the trainer at the time of the training session.

Note: This may be person-to-person, by telephone, or by e-mail, as long as the employee can both ask and receive answers during the training session.

NEW SECTION

WAC 296-823-14010 Provide additional training.

- Provide additional training when you add or change tasks or procedures that affect the employee's occupational exposure.
- This additional training can be limited to addressing the new exposures.

NEW SECTION

WAC 296-823-14015 Maintain training records.

- Maintain training records for three years from the date of the training
- Include the following information in your training records:
- Dates of the training sessions
- Contents or a summary of the training sessions
- Names and qualifications of persons conducting the training
- Names and job titles of all persons attending the training sessions.
- Provide these employee-training records upon request for examination and copying to any of the following:
- Employees
- Employee representatives.

Helpful tool:

Training documentation

A training documentation form is provided for your use in the resource section of this book.

NEW SECTION

WAC 296-823-150 Hepatitis B virus (HBV) vaccinations. Summary.

Your responsibility:

To vaccinate your employees so they are protected from the Hepatitis B virus (HBV).

You must:

Make the hepatitis B vaccination available to employees

WAC 296-823-15005

Obtain a copy of the healthcare professional's written opinion and provide it to the employee

WAC 296-823-15010.

NEW SECTION

WAC 296-823-15005 Make the hepatitis B vaccination available to employees.

You must:

(1) Make sure that the hepatitis B vaccination series is available to all employees who have occupational exposure as follows:

– Available at no cost to the employee

– Available to the employee at a reasonable time and location

– Administered by or under the supervision of a licensed physician or by another licensed healthcare professional

– Provided according to recommendations of the United States Public Health Service, current at the time these evaluations and procedures take place (make a routine booster dose of hepatitis B vaccine available if the United States Public Health Service recommends it)

– To any employee who initially declines the vaccination but later decides to accept it while they are still covered by this chapter

– Made available after the employee has received training required by this chapter and within ten working days of initial assignment, UNLESS they meet **any** of the following

- Previously received the complete hepatitis B vaccination series
- An antibody test has revealed that the employee is immune to hepatitis B
- There are medical reasons not to give the vaccine.

Exemption:

In cases where employees are assigned to provide first aid, but only as *collateral duty*, you do not have to offer preexposure hepatitis B vaccine to them. However, your exposure control plan must effectively address this situation.

Helpful tool:

Guidelines for your exposure control plan for collateral duty first-aid providers.

For additional information and guidance on your responsibilities in

this area, see *Preexposure hepatitis B vaccination and collateral duty first-aid providers* in the resource section of this chapter.

Link:

You can find more information about the United States Public Health Service at http://www.hhs.gov/.

(2) Make sure participation in a prevaccination screening program for antibody status is not a condition for receiving hepatitis B vaccination.

(3) Make sure employees who decline the hepatitis B vaccination, offered by you, sign a form with this statement:

"I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me."

Helpful tool:

Sample declination form:

The declination form can help you document employees who have declined the hepatitis B vaccine. You can find a copy of this form in the resource section of this chapter.

NEW SECTION

WAC 296-823-15010 Obtain a copy of the healthcare professional's written opinion and provide it to the employee. You must:

- Obtain and provide the employee a copy of the evaluating healthcare professional's written opinion within fifteen days of their evaluation.

Note:
- If the health care professional provides it directly to the employee, you do not need to do so.
- If the employee's personal healthcare professional completes the evaluation, the employer need only make a good faith effort to obtain a copy of the evaluation.

You must:

- Make sure the healthcare professional's written opinion is limited to whether a hepatitis B vaccination is indicated and if the employee has received this vaccination
- Make sure that all other findings or diagnoses remain confidential and are **not** included in the written report.

Helpful tool:

Healthcare professional's written opinion for post-exposure evaluation and health care provider's written opinion for hepatitis B vaccination.

These forms are available for your use in the resource section of this chapter.

NEW SECTION

WAC 296-823-160 Work practices and procedures. Summary:
Your responsibility:
To make sure work practices and procedures minimize occupational exposure to bloodborne pathogens.
You must:
Make sure items are appropriately labeled
WAC 296-823-16005
Make sure employees wash their hands
WAC 296-823-16010
Prohibit food, drink and other personal activities in the work area
WAC 296-823-16015
Prohibit pipetting or suctioning by mouth
WAC 296-823-16020
Place specimens in an appropriate container
WAC 296-823-16025
Examine and label contaminated equipment
WAC 296-823-16030
Make sure your worksite is maintained in a clean and sanitary condition
WAC 296-823-16035
Handle regulated waste properly and safely
WAC 296-823-16040
Handle contaminated laundry safely
WAC 296-823-16045.

NEW SECTION

WAC 296-823-16005 Make sure items are appropriately labeled.
Exemptions:
The following are exempt from the labeling requirements of this chapter:
- Individual containers placed in an appropriately labeled secondary container
- Regulated waste that has been decontaminated
- Containers of blood, blood components, or blood products that are labeled with their contents and have been released for transfusion or other clinical use.

You must:
- Attach appropriate labels to:
  - Containers used to store, transport, or ship blood or other potentially infectious materials (OPIM) including:
- Refrigerators
- Freezers
- Sharps containers
- Contaminated equipment
- Laundry bags and containers
- Specimen containers
- Waste containers

- Make sure that labels:
  - Include the following symbol:

Place illustration here.

  - Are all or mostly fluorescent orange or orange-red with lettering and symbol in a contrasting color
  - Are attached to the container by string, wire, adhesive, or other method so they can not become lost or accidentally removed.

Note: Red bags or red containers may be substituted for labels as long as they are:
- Covered in the exposure control plan
- Communicated to all affected employees (including employees of laundry services, disposal services, and transport companies) whether they are your employees or not.

The label does not always need to be attached to each individual container. For example, a cart carrying specimen containers could be labeled, rather than each individual container.

NEW SECTION

WAC 296-823-16010 Make sure employees wash their hands. You must:

(1) Provide handwashing facilities that are readily accessible to employees, wherever feasible. If handwashing facilities are not feasible, you must either provide antiseptic towelettes or provide an appropriate waterless antiseptic hand rub and clean cloth or paper towels.

(2) Make sure employees clean their hands and any other skin after removal of gloves or whenever there is the potential for contact with blood or other potentially infectious materials (OPIM). This must be done by one of the following:

- Washing with soap and water
- Washing with appropriate waterless antiseptic hand rubs, provided there are no signs of visible contamination
- Washing with appropriate waterless antiseptic hand rubs followed by soap and water as soon as possible, if visibly contaminated with blood or OPIM.

Note: An appropriate waterless antiseptic hand rub is one that contains a 60-95% alcohol solution (isopropanol or ethanol).

NEW SECTION

WAC 296-823-16015 Prohibit food, drink, and other personal activities in the work area.

You must:

- Make sure eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is occupational exposure
- Make sure food and drink are not kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where there is a potential for exposure to blood or other potentially infectious materials (OPIM).

NEW SECTION

WAC 296-823-16020 Prohibit pipetting or suctioning by mouth.

You must:

- Prohibit mouth pipetting or suctioning of blood or other potentially infectious materials (OPIM).

NEW SECTION

WAC 296-823-16025 Place specimens in an appropriate container.

You must:

- Place specimens of blood or other potentially infectious materials (OPIM) in an appropriate container that prevents leakage during collection, handling, processing, storage, transport, or shipping
- Make sure the container is properly labeled or color-coded and closed before being stored, transported, or shipped.
  - If outside contamination of the container occurs, the container must be placed inside a second container that prevents leakage and is properly labeled or color-coded
  - If the specimen could puncture the container, the container must be placed inside a second container that:
    - Is puncture-resistant
    - Prevents leakage during handling, processing, storage, transport, or shipping
    - Is properly labeled or color-coded.

Exemption:

When your facility handles all specimens using universal precautions, you do not have to label/color-code specimens as long as the containers can be recognized as containing specimens.

This exemption only applies while these specimens/containers remain within the facility. Proper labeling or color-coding is required when specimens/containers leave the facility.

Reference:

Requirements for appropriate labels and color-coding are found in WAC 296-823-16005.

Helpful tool:

Guidance on the handling and storage of criminal evidence.

This tool contains information about the handling and storage of criminal evidence. Criminal evidence contaminated with blood or OPIM is considered a specimen under the scope of this chapter. You can find a copy of this tool in the resource section of this chapter.

NEW SECTION

WAC 296-823-16030 Examine and label contaminated equipment. You must:

- Examine equipment which could become contaminated with blood or other potentially infectious materials (OPIM) before servicing or shipping.

– Decontaminate this equipment and its parts as necessary unless you can demonstrate that decontamination is not feasible

– Attach an easily seen biohazard label to the equipment stating which portions remain contaminated.

Reference:

Requirements for appropriate labels and color-coding are found in WAC 296-823-16005.

You must:

- Make sure that information on contaminated equipment is communicated to all affected employees, the servicing representative, and the manufacturer as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

NEW SECTION

WAC 296-823-16035 Make sure your worksite is maintained in a clean and sanitary condition.

You must:

(1) Develop an appropriate written schedule for cleaning and decontamination based upon the following:

– The location within the facility

– Type of surface to be cleaned

– Type of contamination present

– Tasks or procedures being performed in the area.

(2) Clean and decontaminate environmental and working surfaces and all equipment after contact with blood or other potentially infectious materials (OPIM).

- Decontaminate work surfaces with an appropriate disinfectant at these times:

– After completion of a procedure

– Immediately or as soon as possible when surfaces are clearly contaminated or after any spill of blood or OPIM

– At the end of the workshift if the surface could have become contaminated since the last cleaning.

- Remove and replace protective coverings, such as plastic wrap,

aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surfaces, as soon as possible when they:

– Clearly become contaminated

– At the end of the workshift if they could have become contaminated during the shift.

- Inspect and decontaminate (on a regularly scheduled basis) all bins, pails, cans, and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or OPIM.

– Clean and decontaminate these types of receptacles immediately or as soon as possible when they are visibly contaminated.

- Use a brush and dustpan, tongs, forceps, or other mechanical means to clean up broken glassware that may be contaminated.

Note: An appropriate disinfectant is one that is effective against tuberculosis or HBV and HIV such as:

- Diluted bleach solution (1:10 or 1:100) made up daily

– Use the 1:10 bleach solution for spills and the 1:100 bleach solution for routine cleaning

– For Creutzfeld-Jakob Disease and other prion diseases, a 1:10 bleach solution is recommended for decontamination of noncritical surfaces

– You can make your own bleach solution. Using household beach (5.25% sodium hypochlorite) follow these directions:

- For a 1:100 solution add 2 teaspoons (10 ml) to a container, then add water to make a quart (946 ml)
- For a 1:10 solution, add 1/3 cup (79 ml) and 1 tablespoon (15 ml) in a container, then add water to make a quart (946 ml)
- EPA registered tuberculocidals (list B)
- Sterilants (list A)
- Products registered against HIV/HBV (list D)

☺ These lists are available from the EPA Office of Pesticides, antimicrobial pesticides website at http://www.epa.gov/oppad001/.

NEW SECTION

WAC 296-823-16040 Handle regulated waste properly and safely.

Definition:

Regulated waste is any of the following:

- Liquid or semiliquid blood or other potentially infectious materials (OPIM)
- Contaminated items that would release blood or OPIM in a liquid or semiliquid state, if compressed
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or OPIM.

You must:

- Make sure that you do not bend, recap, or remove contaminated needles or other contaminated sharps **unless** you can demonstrate that there is no feasible alternative or it is required by a specific medical or dental procedure.

– This bending, recapping or needle removal must be done by using a mechanical device or a one-handed technique.

- Make sure you do not shear or break contaminated needles
- Discard contaminated sharps immediately or as soon as possible, in containers that are all of the following:

– Closable

– Puncture resistant

– Leak proof on sides and bottom

– Appropriately labeled or color-coded

– Easily accessible to personnel

– Located as close as feasible to the immediate area where sharps are used or areas sharps can be reasonably anticipated to be found (for example, laundries)

– Maintained upright throughout use

– Replaced routinely and not allowed to overfill.

Note: For additional information on placement and use of sharps containers see *Selecting, Evaluating, and Using Sharps Disposal Containers*, NIOSH Publication 97-111, January 1998. You can obtain a copy of this publication by calling 1-800-35-NIOSH or get an electronic version in pdf at http://www.cdc.gov/niosh/publistd.html.

You must:

- Make sure when you move containers of contaminated sharps, the containers are:

– Closed prior to removal or replacement to prevent spilling or protrusion of contents during handling, storage, transport, or shipping; and

– Placed in a secondary container, if leaking is possible.

The second container must be:

- Closable
- Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping
- Appropriately labeled or color-coded
- Make sure other regulated waste is placed in containers that are all of the following:

– Closable

– Constructed to contain all contents and prevent leakage of fluids during Handling, storage, transport, or shipping

– Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping

– Placed in a second container if outside contamination of the primary regulated waste container occurs.

- The second container must meet these requirements.

– Appropriately labeled or color-coded.

- Dispose of all regulated waste according to applicable state and county regulations
- Place contaminated reusable sharps, as soon as possible after use, in appropriate containers until properly decontaminated. Containers must be all of the following:

– Puncture resistant

– Labeled or color-coded as described in this chapter

– Leak proof on the sides and bottom

– Meet the same requirements as the container for disposable sharps, except they do not need to be closable.

- Store or process contaminated reusable sharps so employees are not required to reach into the container by hand
- Make sure reusable containers are not opened, emptied, or cleaned manually or in any other manner that would expose employees to contaminated sharps.

Reference:

Requirements for appropriate labels and color-coding are found in WAC 296-823-16005.

NEW SECTION

WAC 296-823-16045 Handle contaminated laundry safely.

You must:

- Handle laundry contaminated with blood or other potentially infectious material (OPIM) as little as possible and with a minimum of

agitation

- Bag contaminated laundry or put it into a container at the location where it was used.

– Do not sort or rinse at the location of use

– Place and transport contaminated laundry in bags or containers that are properly labeled or color-coded

– If your facility ships contaminated laundry off-site to a second facility that does not use an infection control or isolation system when handling all of their soiled laundry, your facility must place the laundry in red bags or containers that are appropriately labeled.

Note: If your facility uses an infection control or isolation system in the handling of all soiled laundry, you can use alternative labeling or color-coding so employees recognize that the containers need to be handled using these precautions.

Reference:

Requirements for appropriate labels and color-coding are found in WAC 296-823-16005.

You must:

- Place and transport wet contaminated laundry that is likely to soak through or leak to the outside in bags or containers that will prevent such leakage.

Reference:

You need to follow additional requirements to make sure that employees who have contact with contaminated laundry wear protective gloves and other personal protective equipment (PPE) as appropriate, see WAC 296-823-130, Personal protective equipment.

NEW SECTION

WAC 296-823-170 Post-exposure requirements. Summary.

Your responsibility:

To make sure employees who have been exposed to bloodborne pathogens or other potentially infectious materials (OPIM) have appropriate post-exposure care and evaluation available.

You must:

Provide post-exposure evaluation and follow-up for exposure incidents

WAC 296-823-17005

Test the blood of the source person

WAC 296-823-17010

Provide the results of the source person's blood test to the exposed employee

WAC 296-823-17015

Collect and test the blood of the exposed employee

WAC 296-823-17020

Provide information to the healthcare professional evaluating the employee

WAC 296-823-17025

Provide a copy of the healthcare professional's written opinion to the employee

WAC 296-823-17030.

NEW SECTION

WAC 296-823-17005 Provide post-exposure evaluation and follow-up for exposure incidents.

You must:

🕷 Provide immediate and confidential post-exposure evaluation and follow-up to all employees with occupational exposure to blood or OPIM who report an exposure incident.

Definition:

Exposure incident. A specific eye, mouth, other mucous membrane, nonintact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of nonintact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.

You must:

🕷 Make sure that all post-exposure follow-up, including preventative treatment, medical evaluations and procedures, are all of the following:

– Immediately available following an exposure incident

– Confidential

– At no cost to the employee

– At a reasonable time and place

– Administered by or under the supervision of a licensed physician or by another licensed healthcare professional

– Provided according to recommendations of the United States Public Health Service current at the time these evaluations and procedures take place.

🕷 Make sure that the evaluation and follow-up includes AT LEAST these elements:

– Documentation of the routes of exposure, and the circumstances under which the exposure incident happened

– Identification and documentation of the source individual, unless the employer can establish that identification is impossible or prohibited by state or local law

– Collection and testing of blood to detect the presence of HBV and HIV

– Post-exposure preventive treatment, when medically indicated, as recommended by the United States Public Health Service

– Counseling

– Evaluation of reported illnesses.

🕷 Make sure that all laboratory tests are conducted by a laboratory licensed by the state or Clinical Laboratory Improvement Amendments (Act) (CLIA).

NEW SECTION

WAC 296-823-17010 Test the blood of the source person. Exemption:

When the source individual is already known to be infected with HBV or HIV, you do not need to test their status.

You must:

🕷 Arrange to test the source individual's blood for HBV and HIV as soon

as feasible after getting their consent.

– If you do not get consent, you must establish that legally required consent can not be obtained

– When the law does not require the source individual's consent, their blood, if available, must be tested and the results documented.

Note: Your local health authority enforces rules regarding HIV testing and consent which are found in WAC 246-100-206, Special diseases--Sexually transmitted diseases, and WAC 246-100-207, Human immunodeficiency virus (HIV) testing.
These rules can be found at: http://www.leg.wa.gov/wac/index.cfm?fuseaction=chapterdigest&chapter=246-100.

Source testing: According to the Centers for Disease Control and Prevention (CDC), hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the United States. The CDC recommends testing of the source person for the presence of anti-HCV antibody. (Updated *U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis,* MMWR, June 29, 2000/50(RR11); 1-42.)

NEW SECTION

WAC 296-823-17015 Provide the results of the source person's blood test to the exposed employee.

You must:

Make sure the results of the source person's blood test are provided to the exposed employee, if possible

Make sure the exposed employee is informed of applicable laws and regulations regarding disclosure of the identity and infection status of the source person.

Note: Law and regulations that currently apply are:
– Chapter 70.02 RCW, Medical records--Healthcare information access and disclosure.
– Chapter 70.24 RCW, Control and treatment of sexually transmitted diseases.
– Both rules can be found at http://www.leg.wa.gov/rcw/index.cfm?fuseation-title&title=70.

NEW SECTION

WAC 296-823-17020 Collect and test the blood of the exposed employee.

You must:

Arrange to have the exposed employee's blood collected and tested as soon as feasible after obtaining their consent.

– If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample must be preserved for at least ninety days. If, within ninety days of the exposure incident, the employee chooses to have the baseline sample tested, it must be done as soon as possible.

NEW SECTION

WAC 296-823-17025 Provide information to the healthcare professional evaluating the employee.

You must:

- Provide ALL of the following information to the healthcare professional evaluating an employee after an exposure incident:

– A copy of WAC 296-823-170

– A description of the job duties the exposed employee was performing when exposed

– Documentation of the routes of exposure and circumstances under which exposure occurred

– Results of the source person's blood testing, if available

– All medical records that you are responsible to maintain, including vaccination status, relevant to the appropriate treatment of the employee.

Note: You may meet the requirement to provide a copy of WAC 296-823-170 to the healthcare professional by giving them the http://www.lni.wa.gov/rules/, as long as their office has a computer and access to the labor and industries' website.

NEW SECTION

WAC 296-823-17030 Provide a copy of the healthcare professional's written opinion to the employee.

You must:

- Obtain and provide to the employee a copy of the evaluating healthcare professional's written opinion within fifteen days of the completion of their evaluation.

Note:
- If the healthcare professional provides it directly to the employee, you do not need to do so
- If the employee's personal healthcare professional completes the evaluation, the employer need only make a good faith effort to obtain a copy of the evaluation.

- Make sure the healthcare professional's written opinion is limited to the following information:

– That the employee has been informed of the results of the evaluation

– That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials (OPIM) which need further evaluation or treatment.

- Make sure that all other findings or diagnoses remain confidential and are NOT included in the written report.

NEW SECTION

WAC 296-823-180 Records. Summary.

Your responsibility:

To obtain and maintain required records.

You must:

Establish and maintain medical records
WAC 296-823-18005
Maintain a sharps injury log
WAC 296-823-18010.

NEW SECTION

WAC 296-823-18005 Establish and maintain medical records. You must:

- Establish and maintain an accurate medical record for each employee with occupational exposure
- Make sure this record includes ALL of the following that apply:

– Name and Social Security number of the employee

– A copy of the employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations

– Any medical records related to the employee's ability to receive vaccinations

– The HBV declination statement

– A copy of all results of examinations, medical testing, and follow-up procedures related to post-exposure evaluations

– Your copy of the healthcare professional's written opinion – A copy of the information provided to the healthcare professional as required.

- Make sure that employee medical records are:

– Kept confidential

– Not disclosed or reported to any person, without the employee's written consent, except as may be required by law.

Note: In some industries, a medical record is also known as the employee health file.

Reference:

You need to follow additional requirements for medical records found in WAC 296-62-052, Access to records.

NEW SECTION

WAC 296-823-18010 Maintain a sharps injury log.

Exemption:

You are exempt from the requirements to record contaminated sharps injuries if you have ten or less employees.

You must:

- Record contaminated sharps injuries on your OSHA 300 or equivalent log.

Reference:

Requirements for the OSHA 300 log are found in chapter 296-27 WAC, Recordkeeping and recording. http://www.lni.wa.gov/wisha/regs/WACS/27/27.htm.

You must:

- Record and maintain contaminated sharps injury information in a way that protects the confidentiality of the injured employee
- Also record the following additional information for contaminated sharps injuries:

– The type and brand of device involved in the incident

– The department or work area where the exposure incident occurred
– An explanation of how the incident occurred.

Note: You may record the additional information in any format you choose, such as on the OSHA 300 and 301 forms. It must be retrievable and identifiable to each specific injury.

- Maintain your contaminated sharps injury records for five years.

NEW SECTION

WAC 296-823-190 Additional requirements for HIV and HBV research laboratories and production facilities. Summary.

Your responsibility:

To implement and enforce these additional rules in research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV.

Exemption:

This section does NOT apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

Note: Production and research facilities: Hepatitis C (HCV) is the virus involved in most cases of parenterally transmitted (bloodborne) non-A, non-B hepatitis in the United States. Most individuals who contract HCV become chronically infected (85%) and develop chronic hepatitis (70%). It is recommended that you also follow these requirements for HCV production and research facilities.

You must:

Prepare, review and update a biosafety manual
WAC 296-823-19005
Follow these special practices for the work area
WAC 296-823-19010
Make sure these practices for contaminated material and waste are followed
WAC 296-823-19015
Make sure these special practices for personal protective equipment (PPE) and other safe guards are followed
WAC 296-823-19020
Protect vacuum lines
WAC 296-823-19025
Use and handle hypodermic needles and syringes appropriately and safely
WAC 296-823-19030
Handle all spills and accidents properly
WAC 296-823-19035
Post signs
WAC 296-823-19040
Provide additional training for facility employees
WAC 296-823-19045
Furnish a sink for washing hands and a readily available eye wash facility
WAC 296-823-19050
Make sure these additional criteria are followed
WAC 296-823-19055.

NEW SECTION

WAC 296-823-19005 Prepare, review, and update a biosafety manual.

You must:

- Prepare or adopt a biosafety manual. This manual must be:
  - Periodically reviewed
  - Updated at least annually or more often, if necessary.
- Make sure employees are:
  - Advised of potential hazards
  - Required to read and follow instructions about practices and procedures.
- Establish written policies and procedures where only authorized persons can enter work areas and animal rooms.

NEW SECTION

WAC 296-823-19010 Follow these special practices for the work area.

You must:

- Make sure only authorized persons are allowed to enter the work areas and animal rooms. Authorized persons must:
  - Have been advised of the potential biohazard
  - Meet any specific entry requirements
  - Comply with all entry and exit procedures.
- Keep laboratory doors closed when work involving HIV or HBV is in progress.

NEW SECTION

WAC 296-823-19015 Make sure these practices for contaminated material and waste are followed.

You must:

- Incinerate or decontaminate all regulated waste by a method known to effectively destroy bloodborne pathogens, such as autoclaving
- Make sure to place materials to be decontaminated away from the work area in a container that is:
  - Durable
  - Leak proof
  - Appropriately labeled, or color-coded
  - Closed before being removed from the work area.

Reference:

Find additional requirements for appropriate labels and color-coding in WAC 296-823-16005.

You must:

- Incinerate or decontaminate ALL waste from work areas and from animal rooms before it is disposed of
- Make sure an autoclave is available for decontamination of regulated waste. The autoclave must be available within or as near as possible to the work area.

NEW SECTION

WAC 296-823-19020 Make sure these special practices for personal protective equipment (PPE) and other safe guards are followed.

You must:

- Make sure appropriate personal protective clothing is used in work areas and animal rooms. Examples of appropriate personal protective clothing include:
  - Laboratory coats
  - Gowns
  - Smocks
  - Uniforms.
- Decontaminate protective clothing before it is laundered
- Make sure employees remove protective clothing before leaving their work area
- Take special care to avoid skin contact with other potentially infectious materials (OPIM)
- Wear gloves when handling infected animals and when you can not avoid making hand contact with OPIM
- Conduct all activities involving OPIM in biological safety cabinets or other physical-containment devices within the containment module. No work with OPIM must be conducted on the open bench.
  - Certified biological safety cabinets (Class I, II, or III) or appropriate personal protection or physical containment devices must be used for all activities with OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols. Appropriate personal protection and physical containment devices include:
    - Special protective clothing
    - Respirators
    - Centrifuge safety cups
    - Sealed centrifuge rotors
    - Containment caging for animals.
  - Biological safety cabinets must be certified when installed or moved, and at least annually.

NEW SECTION

WAC 296-823-19025 Protect vacuum lines.

You must:

- Protect vacuum lines with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of same or greater efficiency. Make sure filters are checked routinely and maintained or replaced as necessary.

NEW SECTION

WAC 296-823-19030 Use and handle hypodermic needles and syringes appropriately and safely.

You must:

- Use hypodermic needles and syringes only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles.

– Use only needle-locking syringes or disposable syringe-needle units (when the needle is integral to the syringe) for the injection or aspiration of other potentially infectious materials (OPIM)

– Use extreme caution when handling needles and syringes

– The needle must not be bent, sheared, replaced in the sheath or guard, or removed from the syringe after use

– Place the needle and syringe promptly in a puncture-resistant container and autoclave or decontaminate before reuse or disposal.

NEW SECTION

WAC 296-823-19035 Handle all spills and accidents properly. You must:

- Make sure appropriate professional staff or others, properly trained and equipped to work with concentrated potentially infectious materials, immediately contain and clean up all spills

- Make sure that employees report a spill or accident that results in an exposure incident immediately to the laboratory director or other responsible person.

NEW SECTION

WAC 296-823-19040 Post signs.

You must:

- Post signs at the entrance to work areas and all access doors when other potentially infectious materials (OPIM) or infected animals are present in the work area or containment module.

- Make sure signs:

– Contain the following symbol and information:

Place illustration here.

(Name of the infectious agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

– Are all or mostly fluorescent orange-red with lettering and symbol in a contrasting color.

NEW SECTION

WAC 296-823-19045 Provide additional training for facility employees.

You must:

- Provide initial training to employees in HIV or HBV research laboratories or production facilities in addition to the training required in WAC 296-823-140
- Make sure that employees demonstrate proficiency in the following:
  – Standard microbiological practices and techniques
  – The practices and operations specific to the facility BEFORE being allowed to work with HIV or HBV.
- Provide a training program to employees working with HIV or HBV who have no prior experience in handling human pathogens.
  – Initial work activities must not include the handling of infectious agents
  – A progression of work activities must be assigned as techniques are learned and proficiency is developed.
- Make sure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

NEW SECTION

WAC 296-823-19050 Furnish a sink for washing hands and a readily available eye wash facility.

You must:

- Make sure each work area contains a sink for handwashing and an eyewash facility is readily available.
  – For HIV and HBV production facilities, the sink must be operated

automatically by foot or elbow and must be located near the exit door of the work area.

NEW SECTION

WAC 296-823-19055 Make sure these additional criteria are followed. You must:

- Separate the HIV and HBV work areas from areas that are open to unrestricted traffic flow within the building
- Use two sets of doors to separate HIV and HBV work areas from access corridors or other contiguous areas.

Note: You may provide a physical separation of the high-containment work area from access corridors or other areas or activities by providing:
– A double-doored clothes-change room (showers may be included)
– Airlock
OR
– Other access facilities that requires passing through two sets of doors before entering the work area.

- Make sure the surfaces of doors, walls, floors, and ceilings in the work area are water resistant so they can be easily cleaned. These surfaces must be sealed or capable of being sealed to facilitate decontamination
- Make sure access doors to the work area or containment module are self-closing
- Provide a ducted exhaust-air ventilation system. This system must create directional airflow that draws air into the work area through the entry area and you must verify this airflow. The exhaust air must:
  - NOT be recirculated to any other area of the building
  - Be discharged to the outside
  - Be dispersed away from occupied areas and air intakes.

NEW SECTION

WAC 296-823-200 Definitions.

Blood

Human blood, human blood components and products made from human blood. Also included are medications derived from blood, such as immune globulins, albumin, and factors 8 and 9.

Bloodborne pathogens

Pathogenic microorganisms that are present in human blood and can cause disease in humans. Examples of these pathogens include:

- Human immunodeficiency virus (HIV)
- Hepatitis B virus (HBV)
- Hepatitis C virus, malaria
- Syphilis
- Babesiosis
- Brucellosis
- Leptospirosis
- Arboviral infections
- Relapsing fever
- Creutzfeld-Jakob Disease
- Human T-lymphotrophic virus Type I
- Viral Hemorrhagic Fever.

Clinical laboratory

A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials (OPIM).

Collateral duty

Any job expectation that exists outside of the primary job duties assigned to that position.

Contaminated

The presence or the reasonably anticipated presence of blood or other potentially infectious materials (OPIM) on an item or surface.

Contaminated laundry

Laundry that has been soiled with blood or other potentially infectious materials (OPIM) or may contain contaminated sharps.

Contaminated sharps

Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Exposure incident

A specific eye, mouth, other mucous membrane, nonintact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Examples of nonintact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.

Handwashing facilities

A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed healthcare professional

A person whose legally permitted scope of practice allows him or her to independently perform the activities required by this rule.

HBV

Hepatitis B virus.

HIV

Human immunodeficiency virus.

Needleless systems

A device that does not use needles for any of the following:

- The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established
- The administration of medication or fluids
- Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational exposure

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact (including potential contact as well as actual contact) with blood or OPIM that could result while doing their job.

Other potentially infectious materials (OPIM)

Includes all of the following:

- Human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV
- Blood and tissues of experimental animals infected with bloodborne pathogens.

Parenteral

When mucous membranes or skin is pierced through actions such as needlesticks, human bites, cuts, or abrasions.

Personal protective equipment (PPE)

Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (for example, uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

Production facility

A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated waste

Regulated waste is any of the following:

- Liquid or semi-liquid blood or other potentially infectious materials (OPIM)
- Contaminated items that would release blood or OPIM in a liquid or semi-liquid state, if compressed
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or OPIM.

Research laboratory

A laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Safer medical devices

Medical devices that have been engineered to reduce the risk of

needlesticks and other contaminated sharps injuries. These include not only sharps with engineered sharps injury protections and needless systems but also other medical devices designed to reduce the risk of sharps injury exposures to bloodborne pathogens. Examples include blunt suture needles and plastic or mylar-wrapped glass capillary tubes.

Sharps with engineered sharps injury protections (SESIP)

A nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source person

A person, living or dead, whose blood or other potentially infectious materials may be a source (OPIM) of occupational exposure to the employee. Examples include:

- Hospital and clinic patients
- Clients in institutions for the developmentally disabled
- Trauma victims
- Clients of drug and alcohol treatment facilities
- Residents of hospices and nursing homes
- Human remains
- Individuals who donate or sell blood or blood components.

Sterilize

The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal precautions

An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Note: Universal Blood-Body Fluid Precautions, Body Substance Isolation, and Standard Precautions expand on the concept of universal precautions to include all body fluids and substances as infectious. These concepts are acceptable alternatives to universal precautions.

Work practice controls

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (for example, prohibiting recapping of needles with a two-handed technique).